

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000000813**

1. Entity Name  
**THE FLORAL CITY LIONS FOUNDATION, INC.**



Principal Place of Business  
**P O BOX 4  
FLORAL CITY, FL 34436**

Mailing Address  
**P O BOX 4  
FLORAL CITY, FL 34436**

**DO NOT WRITE IN THIS SPACE**



01252007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**KEESLING, HERBERT E  
6865 S BAKER AVE  
FLORAL CITY, FL 34436**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
MORNINGSTAR, SYLVIA  
7664 CR 48 W BUSHNELL  
ATHENS, AL 35613**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KEESLING, HERBERT E  
6865 S BAKER AVE  
FLORAL CITY, FL 34436**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CLARK, ROGER  
8855 E WHALEN RD  
FLORAL CITY, FL 34436**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
KEESLING, BETTY  
6865 S BAKER AVE  
FLORAL CITY, FL 34436**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
ZIPPERER, DOT  
P.O. BOX 778  
HERNANDO, FL 34442**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000621876  
02/13/07-80003-014 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Herbert E. Keesling*

**HERBERT E. KEESLING 2-1-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #